

2010 California Individual Dental Plan Portfolio Overview

You said it — a simpler
dental portfolio
is just plain better.

We got it.

And now so do you!

We understand what you want in a dental portfolio and in the plans themselves. Making it simple is key. So, when we streamlined our Small Group dental portfolio in January 2009 from 46 to 12 plans, the response was clear — it worked.

Now, we're doing the same with our Individual dental portfolio. Our new plan portfolio will impact new sales beginning with January 1, 2010 effective dates.

Here's What's Changed.

Effective January 1, 2010, the dental portfolio will be reduced from nine to three actively marketed plans: two Dental Blue® PPOs and one Dental HMO.

The Dental Blue PPO Plans

Our Dental Blue PPO offering will consist of two plans — Dental Blue Basic and Dental Blue Enhanced. Both plans will use the Dental Blue 100 network.

Dental Blue Basic offers diagnostic and preventive coverage for such services as cleanings, exams and X-rays, as well as basic coverage for fillings. Benefits for stainless steel crowns and pulpotomies on primary teeth are also included. This plan has an annual maximum of \$500. The Dental Blue Basic plan is similar to the one we've offered in the past, with a few minor changes:

- There will be a six-month waiting period for restorative services.
- Out-of-network services will be paid based on the Dental Blue 100 fee schedule.

Dental Blue Enhanced is a brand new plan that includes diagnostic and preventive coverage, benefits for basic services and major services like crowns, periodontal procedures and root canals. There is a six-month waiting period for basic services (such as fillings) and a 12-month waiting period for major services. The plan has an annual maximum of \$1,250, plus it includes orthodontic coverage for children after a 12-month waiting period.

Dental Blue members may get extra savings.

With both of our Dental Blue PPO plans, members benefit from our negotiated pricing when they visit an in-network provider for:

- Services that aren't covered like porcelain veneers, dental implants and treatment for TMJ.
- Services after they reach their annual maximum.
- Services received during waiting periods.

Here's how the Dental Blue savings program works:

Dentist's submitted cost for a porcelain veneer	\$1,013
Member pays the Dental Blue negotiated rate	\$643
Member Savings	\$370

In this example, the savings represents 37%.*

Note: There are different negotiated rates for Dental Blue providers, based on the first three digits of their ZIP code.

* The above example is for Los Angeles. Actual rates and savings may vary.

One network, more dentists. It's that simple.

To simplify our Individual Dental Blue PPO portfolio and make the plans easier for members to understand, only the Dental Blue 100 network will be used in the new portfolio.

Over the last year, **our Dental Blue 100 network has grown 45 percent** to more than 18,300 participating providers. And members have access to **more than 49,000 Dental Blue 100 providers** nationwide!

While Dental Blue plan members **can see any dentist they want**, they do have the potential for lower costs when they choose a dentist in the Dental Blue 100 network. This is because in-network dentists have agreed to accept our fee schedule for services rendered.

If a member chooses to see a provider outside of the Dental Blue 100 network, he or she can be balance billed the difference between our in-network negotiated rates and his or her dentist's rates.

Dental SelectHMO Plan

As part of our portfolio redesign, we will only be selling the Dental SelectHMO. The Dental Saver SelectHMO and the Dental Premier SelectHMO will be demarketed.

There are no changes to the Dental SelectHMO plan. It still offers great coverage with lower out-of-pocket costs and features:

- No annual maximums
- No annual deductibles
- No charge for cleanings, exams and X-rays*
- Most fillings are covered with no copayment after a six-month waiting period
- Orthodontics and other services available for fixed copayments

* A \$5 office-visit copayment applies.

Dental SelectHMO members must receive services from in-network providers, and we have nearly 5,000 to choose from in California.

Dental SelectHMO is currently available in Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Solano and Sonoma. Limited availability in El Dorado, Fresno, Kern, Kings, Monterey, Placer, Riverside, San Bernardino, San Mateo, Santa Cruz, Tulare and Ventura. Service area is subject to change.

Side-by-side comparison of the plans

	Dental Blue Basic		Dental Blue Enhanced		Dental SelectHMO
	In-network	Out -of-network	In-network	Out -of-network	In-network only
Annual Deductible	\$25		\$50/\$150		None
Waived for Diagnostic and Preventive Services	Yes	No	Yes	No	N/A
Annual Maximum	\$500		\$1,250		No
Diagnostic and Preventive Services Cleanings, exams and X-rays	100%	80%	100%	80%	No copayment for these services, however a \$5 office visit copayment will apply
Basic Services					
Fillings	80%	60%	80%	60%	No copayment for most fillings
Other Minor Restorative	Not covered				Copayments ranging from \$31 to \$187 depending on procedure
Major Services					
Oral Surgery	Not covered		50%		Copayments for most commonly performed procedures range from \$36 to \$223, depending on complexity
Endodontics	50% - limited to pulpotomies on primary teeth only		50%		Anterior root canal* – \$289 copayment Molar root canal* – \$459 copayment
Periodontics	Not covered		50%		Gingivectomy* – per tooth – \$72 copayment
Prosthodontics	50% - limited to stainless steel crowns on primary teeth only		50%		Crown* – \$432 copayment Partial denture* – \$430 copayment
Orthodontics	Not covered		Children only 50%, \$100 Deductible, \$500 per year/ \$1,000 lifetime maximum		Child – \$2,870 copayment Adult – \$3,045 copayment Retention – \$210 copayment
In-Network Reimbursement	Dental Blue 100 fee schedule		Dental Blue 100 fee schedule		Dental SelectHMO fee schedule
Out-of-Network Reimbursement					None
Waiting Periods	No waiting period for cleanings, exams and X-rays; six-month waiting period for all other covered services		No waiting period for cleanings, exams and X-rays; six-month waiting period for basic services; 12 months for major services/orthodontics		6-month waiting period for fillings for which there is no member copayment

* Chart reflects copayments when services are rendered by a participating dental office. Amounts may differ if services are obtained through a participating specialty office.

Helping Your Clients, If They Choose to Switch

► Simplified Options ► Streamlined Plans ► Increased Sales

The following plans will be demarketed:

- Dental Blue 100 Basic
- Dental Blue 100 and 200 Plus
- Dental Blue 200 Essential
- Dental Saver SelectHMO and Dental Premier SelectHMO
- Individual Dental PPO
- SmileNet

If you've been selling any of the above plans, check out the chart below to see which new plan best compares.

Instead of:	Switch to:	Why?
Dental Blue 100 Basic	Dental Blue Basic	<ul style="list-style-type: none"> • The Dental Blue Basic plan includes negotiated discounts for major non-covered services and orthodontics, plus covered benefits for cleanings, exams, X-rays and fillings
Dental Blue 100 Plus	Dental Blue Enhanced	<ul style="list-style-type: none"> • Rates are comparable to Dental Blue 100 Plus in most areas. • Offers a higher annual maximum (\$1,250 vs. \$1,000) and coverage for orthodontics for children.
Dental Blue 200 Plus	Dental Blue Enhanced	<ul style="list-style-type: none"> • Rates are lower than Dental Blue 200 Plus in most areas. • Offers a higher annual maximum (\$1,250 vs. \$1,000) and coverage for orthodontics for children. • Dental Blue 100 network is almost as large as the Dental Blue 200 network.
Dental Blue 200 Essential	Dental Blue Enhanced	<ul style="list-style-type: none"> • Rates are slightly higher; however, plan offers a higher annual maximum (\$1,250 versus \$1,000) and coverage for orthodontics for children. • Unlike the Essential plan, it offers traditional coverage instead of utilizing confusing fee schedules.
Dental Saver SelectHMO	Dental SelectHMO	<ul style="list-style-type: none"> • Rates are slightly higher, however, the Dental SelectHMO plan includes more services at no copayment, including most fillings
Dental Premier SelectHMO	Dental SelectHMO	<ul style="list-style-type: none"> • Rates are slightly lower. • Dental SelectHMO includes copayments for a few additional service, such as oral surgery and scaling/root planing.
Individual Dental PPO	Dental Blue Enhanced	<ul style="list-style-type: none"> • Rates are comparable to Individual Dental PPO in most areas. • Offers a higher annual maximum (\$1,250 vs. \$1,000) and coverage for orthodontics for children.
SmileNet	Dental Blue Basic	<ul style="list-style-type: none"> • The Dental Blue Basic plan includes negotiated discounts for major non-covered services and orthodontics, plus covered benefits for cleanings, exams, X-rays and fillings.

Existing dental members can remain on their current plan.

Individuals on demarketed dental plans will have the opportunity to maintain their current dental plan if they wish to do so. We will not require them to migrate to our new plan portfolio at this time, though they can switch to one of the new plans if they so desire.

Adding a dental plan to an existing health member is easy.

There's no underwriting approval needed for existing health customers. Just have them complete a dental-only application (downloadable from the Agent Website at anthem.com/ca) and mail it back to us with payment for the first month's premium at:

Anthem Blue Cross
P.O. Box 9051
Oxnard, CA 93031-9051

Selling made simple – that's something to smile about.

Our goal is to create plans that help meet your clients' dental and financial needs — and make them easier for you to sell. And with fewer, simplified and more competitive plans, our 2010 dental plan portfolio will give you and your clients a few more reasons to smile.

If you have questions or need more information on the new California Individual dental portfolio, please contact your Regional Sales Manager.

This overview is only a very brief description of some of the features of the plan. This is not the insurance contract and only the Certificate of Coverage ("Certificate") provisions apply. Please refer to the applicable Certificate which sets forth, in more detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate and the information outlined above, the terms of the Certificate will prevail.